

# NEAR-MISS INCIDENT/ACCIDENT REPORT FORM

## Forward to Local Safety Committee

<b>1. Name of Person involved</b> ( Last, First, Middle Initial )		<b>2.Title of Person involved</b>	
<b>3. Department</b>	<b>4. Contact Phone Number (s)</b>		<b>5. Witness (Name &amp; Phone # )</b>
<b>6. Date and Time of Incident/Accident</b> Date: _____ AM _____ PM _____	<b>7. Near-Miss Location</b> Site of incident/accident (Bldg. Name, Room #, Stairs, Hallway, Etc.) If outside of building, give location in reference to nearest building, e.g. _____ _____ _____ _____ _____		
<b>8. Near-Miss Description</b> (Describe fully, the protocol/procedures being followed including all substances, equipment, and machinery being used which was related to the near-miss. Use additional sheets if necessary.) _____ _____ _____ _____ _____ _____ _____			
<b>9. Corrective Actions</b> (What should be done or what has been done to prevent recurrence of the incident/accident? e.g. employee training, Change of procedures, purchasing of equipment, etc.) _____ _____ _____ _____ _____ _____ _____			
<b>10. Miscellaneous Information</b> ( Provide any other information or recommendations which you feel are pertinent to this incident/accident) _____ _____ _____ _____ _____ _____ _____			